

**REPORT OF PHYSICIAN ATTENDING BIRTH OF CHILD
PLACED FOR ADOPTION**

RETURN TO:

I. MOTHER

1.	NAME		
2.	GENERAL HEALTH AND PHYSICAL CONDITION		
3.	MENTAL HEALTH AS OBSERVED		
4.	HISTORY OF HEREDITARY DISEASE OR ABNORMALITY		
5.	BLOOD SEROLOGY:	DATE	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
6.	COMPLICATIONS OF PREGNANCY OR DELIVERY (SPECIFY)		

II. CHILD**GENERAL HEALTH AND PHYSICAL CONDITION**

1.	GENERAL HEALTH AND PHYSICAL CONDITION			
A.	AT TIME OF DELIVERY	FULL TERM <input type="checkbox"/>	PREMATURE <input type="checkbox"/>	BIRTH WEIGHT
	DEFECTS	BIRTH INJURY		LENGTH AT BIRTH
B.	SIGNIFICANT FINDINGS DURING HOSPITAL STAY			
2.	BLOOD SEROLOGY: IF INDICATED			
3.	A.	PHENYKLETONURIA (SPECIFY TEST)	DATE	RESULT
	B.	EXEMPTION: REASON <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> MEDICAL	REPORT OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	GENERAL HEALTH AND PHYSICAL CONDITION AT DISCHARGE			

III. RECOMMENDATIONS

1.	MOTHER	
2.	CHILD	
ATTENDING PHYSICIAN		DATE
ADDRESS OF ATTENDING PHYSICIAN		TELEPHONE NO.

(DO NOT USE REVERSE SIDE)